determination tests and abortion services may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

(c) The steps taken to prevent the, practice of female foeticide include strengthening the implementation of the PC&PNDT Act in the country by constituting National Support and Monitoring Cell (NSMC); National Inspection and Monitoring Committee (NIMC) consisting of representatives from Ministry of Women and Child Development, National Commission for Women, Ministry of Law and NGOs; sensitization through Members of Parliament; funding to the State under Reproductive and Child Health - II; inclusion of the issue under NRHM; sensitizing the judiciary and training of judicial personnel; and awareness generation activities. It is also proposed to amend the provisions of the Act to make its implementation more effectve.

AIDS control programme with private participation

1437. SHRIMATI SUPRIYA SULE:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National AIDS Control Organization has decided to encourage public-private partnership under the third phase of the National AIDS Control Programme to be launched in April, 2007;

(b) whether a National Steering Committee comprising the CII, the Associated Chambers of Commerce and Industry of India, NAS and Service Companies FICCI, the ILO and U.S. AIDS will be set up to identify mechanisms for strengthening linkages between the private and Government sectors; and

(c) if so, to what extent private sectors' inclusion to battle against AIDS has helped in controlling the AIDS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir.

(c) Existing engagements with private sector and industry have resulted in many business houses across India signing workplace policies that address awareness, prevention and removing stigma and discrimination. Public Private Partnerships have been signed between NACO and Ballapur Industries and ACC separately for provision of ART to those affected by HIV in Chandrapur district in Maharashtra and Wada district in Karnataka.

Unused funds by the States

1438. PROF. ALKA BALRAM KSHATRIYA:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Union Budget has made an unprecedented hike of 21 per cent in health allocation but States lagging behind in social indices have spent only a fraction of Centre's allocation last year;

(b) if so, the names of the States that have failed to spend allocated funds for the family planning programmes; and

(c) the steps Government proposed to take to see that the funds allocated to the State for health care are fully utilized?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) The percentage increase in budget allocation for health sector during 2006-07 as compared to 2005-06 had been 21.87%.

Funds are allocated to States in the form of Grants-in-aid under Health and Family Welfare in respect of the admissible activities under National AIDS Control Programme (NACO) and the National Rural Health Mission (NRHM). Besides these programmes, grant-in-aid is also released under certain other programmes like Cancer, Mental Health, etc., based on proposals received from State Governments.

Data on the extent of utilization of funds by States reveals that of the eighteen States having week public health indicators/week infrastructure, identified for special attention under the NRHM, eight states *viz.*, Arunachal Pradesh, Assam, Chhattisgarh, Himachal Pradesh, Madhya Pradesh, Mizoram, Rajasthan and Sikkim have utilized more than 50% of allocated funds on Family Planning Programmes while others have utilized funds of a lower order.

(c) Steps initiated for better utilization of funds include *inter-alia*:

Setting up of a Financial Management Group (FMG) in the Ministry to oversee the release of funds, monitor Utilization Certificates and Audit Reports.

Establishing State/District Level Programme Management Units.

Augmentation of accounting manpower at the level of PHCs.

Regular monitoring by the Ministry for timely completion of plan activities.

Issuing guidelines to States to facilitate utilization for funds and proper maintenance of accounts.

Conducting of training programme for skill development and capacity building of personnel.

Utilization certificates under NRHM

1439. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Parliamentary Standing Committee on Health in its 20th report has noted that the highly-acclaimed National Rural Health Mission of Government is a non starter in many of the crucial States enlisted under the Mission;